Christian Care rated best hospital in Delaware by U.S. News & World Report

The “Best Hospitals” ratings by U.S. News & World Report note the excellence of Christiana Care Health System, ranking it No. 1 in Delaware and No. 3 in the greater Philadelphia region, which is home to more than 90 hospitals.

The magazine’s 28th annual analysis of American hospitals also named Christiana Care as among the top 50 hospitals nationwide in three specialties: Nephrology, Diabetes & Endocrinology, and Gastroenterology & Gastrointestinal Surgery.

And among the nation’s estimated 5,000 hospitals, U.S. News rated Christiana Care as a high-performing hospital in four specialties: Geriatrics, Neurology & Neurosurgery, Orthopaedics, and Pulmonology.

James Lenhard, M.D., FACE, FACP, the medical director of Christiana Care Health System’s Diabetes & Metabolic Diseases Center, cares for one of his patients.

CONTINUED INSIDE
Among treatments for common adult conditions, nine interventions were rated as high-performing areas of service — aortic valve surgery, abdominal aortic aneurysm repair, heart bypass surgery, heart failure procedures, colon cancer surgery, hip replacement, knee replacement, lung cancer surgery and interventions to assist with chronic obstructive pulmonary disease (COPD).

“Our consistent Best Hospitals rating in U.S. News & World Report is a testament to the commitment of our extraordinary clinicians and staff to providing compassionate, high-quality care across our health system in The Christiana Care Way,” said Janice E. Nevin, M.D., MPH, Christiana Care president and CEO. “We are pleased to be recognized again for our efforts to help our patients and our communities achieve optimal health with the best in innovative and value-driven care.”

Christiana Care’s recent success has been bolstered by the creation of a service line structure within the organization, said LeRoi S. Hicks, M.D., MPH, FACP, the Hugh R. Sharp Jr. Chair of Medicine and physician leader of Christiana Care’s Acute Medicine Service Line. This new approach has brought together interdisciplinary teams who have collaborated effectively to develop clinical pathways that are improving patient outcomes.

“Organizationally we have redefined how we are delivering care with a goal to break down traditionally siloed areas,” said Dr. Hicks. “The very first demonstration of our effectiveness was to get leaders consistently working across departments to focus on the same targeted areas of improvement. These efforts are already showing positive results.”

The Acute Medicine Service Line, for example, has worked with other service lines to establish a lower GI bleed clinical pathway to optimize care delivery, as well as a pathway for COPD with the Primary Care & Community Medicine Service Line that is reducing the rate of hospital readmissions for these patients.

Outstanding diabetes care

For decades, Christiana Care has embraced a team approach in Diabetes & Endocrinology, an area ranked 34th in the Best Hospitals ranking. A person with diabetes may routinely see a nurse practitioner, a dietitian, a certified diabetes educator and a physician.

"Our consistent Best Hospitals rating in U.S. News & World Report is a testament to the commitment of our extraordinary clinicians and staff to providing compassionate, high-quality care across our health system in The Christiana Care Way.”

Janice E. Nevin, M.D., MPH

Strong teamwork and a commitment to core values are hallmarks of Christiana Care’s primary care practices.

34th

“This is not a doctor-driven approach but a very collaborative one,” said James Lenhard, M.D., FACE, FACP, the medical director of Christiana Care Health System’s Diabetes & Metabolic Diseases Center, the Diabetes & Metabolic Research Center and Christiana Care’s Weight Management Center.

Even before the creation of the current service line structure at Christiana Care, which has helped clarify clinical pathways, the organization made a strong effort to optimize care delivery for diabetes and other conditions. More recently, clinicians within endocrinology have begun working interdepartmentally to improve care delivery around metabolic diseases. Also, because weight management is important in the control of diabetes, considerable attention has been given to counseling patients about their options.

“We work in partnership with bariatric surgeons, and every person gets the same level of care,” said Dr. Lenhard. “In the U.S. News methodology, bariatric surgery is included under endocrinology, so a significant element of our score comes from the strength of the bariatric surgery program.”

Dr. Lenhard says that patients at Christiana Care have also benefited from clinical trials to advance new treatment options. “To have access to cutting-edge technologies and medications even before they are widely available to the public is a benefit to people with diabetes and metabolic diseases,” he said.

He added that, as with other areas of care, “we have been assisted by systemwide improvements. An example would be patient safety and advances in technology, in terms of radiology and imaging, which have been important elements in our success.”

The Primary Care & Community Medicine Service Line, which cares for patients across all Christiana Care outpatient facilities and coordinates with the physician community both inside and outside Christiana Care, is focused on high-risk conditions such as diabetes. Omar A. Khan, M.D., MHS, FAAFP is the service line leader for Primary Care & Community Medicine and medical director for Community Health & the Eugene du Pont Preventive Medicine & Rehabilitation Institute.

“This recognition demonstrates the teamwork my colleagues display in support of our values — excellence and love — in serving our community,” said Dr. Khan, who also practices as part of the Department of Family & Community Medicine. “This work is partnered across all parts of our service line, especially in primary care, where we identify, diagnose and treat diabetes using point-of-care testing in the office and expert endocrinology support using our linked electronic medical record. Together, we as a service line serve the needs of patients with diabetes and indeed all conditions.”

A multidisciplinary approach to nephrology

Christiana Care’s nephrology care ranked 36th in the U.S. overall, and that is a tribute to a multidisciplinary approach that helps patients and clinicians be...
successful in managing a complex disease system, said Arun V. Malhotra, M.D., medical director of the hemodialysis unit at Wilmington Hospital.

In relation to the kidneys, patients often take several medications, and there may be a host of issues to address, such as anemia, high blood pressure and electrolyte abnormality.

“With end-stage kidney failure, patients don’t feel well and many times feel like skipping treatments,” said Dr. Malhotra. “So we have resources set up by Christiana Care to assist patients, and those have been key to making sure patients receive treatments they need without having to be hospitalized.”

For example, Carelink CareNow, Christiana Care’s technology-enhanced care management system managing 104,000 patients in Delaware and the surrounding area, identifies patients at a high risk of an adverse event so a clinical team can reach out to address issues before they become more serious medical problems.

“Technology is a big driver of our improvements in care, and our nephrologists are developing algorithms to manage different disease states and pathways,” he said.

Culture of collaboration and improvement

Christiana Care ranked 37th in the U.S. News rankings for Gastroenterology and GI Surgery. The achievement reflects the strong collaboration among physicians, surgeons and other providers to coordinate care around patients with gastrointestinal illnesses. It also reflects a culture of continuous improvement, as can be seen in the Endoscopy Performance and Value Improvement Team, a multidisciplinary team of providers who meet twice a month for case-based discussions around past procedures.

“We share perspectives on how we can improve future care for patients undergoing similar procedures and how we can improve the clinical experience for our caregivers,” said Nathan A. Merriman, M.D, MSCE, director of Endoscopy who also serves as section co-chief of Gastroenterology along with Jared Hossack, M.D., MBA.

A similar culture of collaboration and improvement in the Surgical Services team has produced notable successes. For example, to lower infection rates after colon surgery, clinicians developed best-practice protocols that have led to a significant drop in infections. To reduce the need for lengthy hospitalizations after surgery, Christiana Care surgeons now screen high-risk patients to see if lifestyle variables such as smoking, high glucose levels or excess weight can be improved upon prior to an operation.

“In many cases people can change aspects of their lives to reduce the likelihood of post-operative complications, which will improve their overall experience and lower costs,” said Gerard Fulda, M.D., FACS, the chair of the Department of Surgery and physician leader for the Surgical Services Line. He believes a clear message about what patients can expect and what they can do to improve their outcomes is also driving success within the service line.

Dr. Merriman said there is a growing ethos within Christiana Care “fostering an environment that is patient-centric, provider-sensitive and system aware. This is an approach that inherently makes our health system better.”
I have been continually inspired by your commitment to quality, patient safety, excellence and service to our community in support of our mission — The Christiana Care Way. I see each and every day that Christiana Care is an incredible health care organization that lives its mission and takes its values to heart.

Magnet encourages us to continuously improve — to be exceptional today and even better tomorrow. Thanks to each and every one of you for all you do to make us a Magnet organization. At Christiana Care, we recently adopted new core values, Excellence and Love, and 10 corresponding behaviors that we strive to demonstrate in order to create an exceptional experience for the neighbors we serve and for each other. Now we are in the process of integrating our core values and behaviors into our day-to-day activities throughout the health system.

A meaningful opportunity to bring our new behaviors to life is through recognizing each other for demonstrating these behaviors. To help us do that, we recently revamped the RAVE Review Diamond tool to focus on each of the new behaviors. This tool can be found in the Recognition section on the portals.

Sending electronic Diamonds has proven to be a popular way to recognize and spotlight the exceptional work of our Extraordinary People, with more than 40,000 sent in FY17 alone. It is exciting to see how the new recognition Diamonds will be used to highlight our Extraordinary People living our new behaviors each day.

The electronic recognition Diamond is an easy way to recognize your peers. Sending an electronic Diamond lets your peer and his or her manager know that the extra effort they made was appreciated.

Taking the time to acknowledge and celebrate our successes in demonstrating Excellence and Love is an important part of our commitment to be exceptional today and even better tomorrow. While it only takes a few minutes to recognize your coworker’s efforts in writing, the positive impact of the recognition lasts much longer.

Today, when you send an electronic Diamond, you can select which of the behaviors your colleague modeled:

- We seek new knowledge, ask for feedback and are open to change.
- We use resources wisely and effectively.
- We are curious and continuously look for ways to innovate.
- We are true to our word and follow through on our commitments.
- We anticipate the needs of others and help with compassion and generosity.
- We embrace diversity and show respect to everyone.
- We listen actively, seek to understand and assume good intentions.
- We tell the truth with courage and empathy.
- We accept responsibility for our attitudes and actions.

It’s up to us to make these behaviors shine through our interactions with patients, their loved ones and our colleagues. Recognizing our peers as they embrace these values and behaviors is positive reinforcement.

How have you seen the values and behaviors come to life around you?

Perhaps you know a nurse who seeks new knowledge by volunteering to serve on an improvement committee and listens to others in a collaborative effort to launch a pilot program.

Perhaps you know a social worker who anticipated that a patient being discharged needed extra help — and who offered a creative solution to ensure he received it.

Maybe you saw a colleague in IT who took the extra time to walk a patient to her appointment when she was lost in the hospital. Or a colleague at one of our satellite practices who spoke up when she saw a process that needed improvement—and then collaborated with others in making it better.

As we grow, we expect that Diamonds will sparkle throughout the health system.

Our behaviors reflect our promise to the neighbors we serve. We should live them every day. We should be talking about them every day.

Our behaviors extend beyond the walls of the health system, guiding us in how we treat one another in the community. Embracing Excellence and Love and the behaviors that reflect our values will make Christiana Care an even better place to serve our neighbors.
New ACE Unit provides care with excellence and love for older adults

Struggling with one of the worst coughs she could ever recall, 92-year-old Ann McManamon asked her daughter to take her to Wilmington Hospital at Christiana Care’s in mid-April. She was admitted and treated on the Acute Care for the Elderly Unit (ACE), designed and staffed especially for older adults, who often have complex medical needs. After a few days, McManamon was delighted to feel well and ready to go home.

“I am better today,” she said on her discharge day in April, adding that she received the quality care she had expected. “The room is lovely, and the staff is just marvelous. They have chosen nice people for this job.”

That assessment is something that Chief of Geriatric Medicine Patricia M. Curtin, M.D., FACP, CMD, never tires of hearing. It is especially gratifying following the thorough planning and effort that went into moving the ACE Unit from the fifth floor of Wilmington Hospital to a spacious new 30-bed unit on the eighth floor of the hospital’s Carol A. Ammon South Tower. In an efficient move, 28 patients were carefully transported between floors within 60 minutes early on March 16 so that rounds could be held on the new ACE Unit later that day.

“We are fortunate to have a highly dedicated team trained in geriatric medicine and passionate about helping the population they serve,” said Dr. Curtin. “I am also grateful for Christiana Care’s commitment to quality care for older adults on the ACE Unit. We are providing respectful, expert care in an uplifting setting that is very much conducive to our population’s needs.”

In this bright, warm environment, patient rooms are sizeable with big windows that look out on the city of Wilmington and interior windows that open onto hallways, allowing the staff to keep a close eye on the patients, many of whom have complex medical needs requiring the expert attention of a multidisciplinary medical team. Hourly rounds, telemetry monitoring and nurses’ stations throughout the unit keep staff in tune with patient needs and progress. The unit has its own physical therapy gym and a welcoming day room.

“The average age of our patients is 82 years old, and they come to us with all types of acute medical conditions, including pneumonia, kidney failure, acute ischemic stroke or a change in mental status where confusion might be a factor,” said ACE Unit Nurse Manager Paula Tomanovich, MSN, RN, BC.
“Patients also come to us with chronic conditions that we manage, so the environment of care for these older adults needs to be conducive to safety and very adaptable to patient needs.”

Private patient rooms ensure that patients, family and staff can have confidential, collaborative conversations on the nature of care. “We have given a lot of attention to how we can have the best possible communication between our care team members, patients and their families,” said Tomanovich. “It is critically important to have a well-informed family involved because so often we need to understand a patient’s baseline functioning to know the impact of their illness.”

It is also vital to inform patients and their families about the daily and nightly activities in the unit. “Patients do not have a degree in how to be in the hospital,” she said. “So we are always trying to think as a patient thinks and see as a patient sees.”

The design of hallways and rooms encourages safe mobility. Wide hallways with hand rails encourage patients to be mobile as early as possible in their recovery.

“The space makes it easy for us to help our patients practice walking, get exercise and learn to prevent falls,” said Patient Care Technician Janina Brown, PCT.

To prevent falls, low adjustable beds sound an alarm if a patient is about to climb out of bed.

“This is really a matter of safety,” said Tomanovich. “Even patients capable of walking often need someone with them as an extra fall-prevention measure.”

The unit’s design is also meant to be pleasing for family members, who can settle into large, comfy chairs and stay for long stretches. The chairs convert into beds so a loved one can sleep overnight.

“This kind of amenity helps provide a healing environment, as families are a vital part of our patients’ support system,” said Christine Sullivan, BSN, RN.

The Junior Board of Christiana Care contributed $73,725 to the ACE Unit project, funds raised through the May 2016 Medicine Ball.

“The care of our older neighbors requires a special hospital environment and the dedication of highly trained staff that the Junior Board very much supports,” said Nancy Rich, who was president of the Junior Board in 2016.

Dr. Curtin said that she and the care team are still exploring the best way to use the funds to benefit ACE Unit patients and their families. “We are very grateful for the generosity of the Junior Board and the concern they have shown for our older patients,” she said.
When Dave Mage learned that Christiana Care was offering free bone health screenings and consultations with clinicians on how to prevent fractures, he eagerly signed up for the July 8 event in the John H. Ammon Medical Education Center.

The 81-year-old Newark-area resident has tremors associated with Parkinson’s disease and takes several medications for co-morbidities. He says it is easy for him to lose his balance. In fact, he’s fallen twice since December 2015, resulting in painful impacts to his lower back.

“I am glad for this screening,” Mage said. “A while back I had a bone density scan, and I am thinking it may be time to schedule another one.”

Christiana Care’s second annual Freedom from Fractures event was held in partnership with the National Bone Health Alliance as a way to raise awareness about the prevalence of low bone density in the U.S., where there are 2 million fragility fractures each year.

Research shows that half of women over 50 and up to a quarter of men over 50 will break a bone due to osteoporosis, a disease of the bone tissue in which fracture risk increases with age. Normal bones should not break when a person falls from a standing height, so any fracture in a person over 50 is an important warning sign.

“Bone fragility tends to be a silent disease and one that is not well-recognized,” said Timothy Manzone, M.D., section chief of Nuclear Medicine and chair of Christiana Care’s Bone Health Advisory Committee, a group of physicians working to raise awareness of bone health issues and implement best practices. “It is important for people to be aware of their risk and learn what to do to avoid broken bones, since there are factors people can change.”

At the free screenings, volunteer Dorothy Davis, a retired nurse, used a risk calculator to help people assess their potential risk of fracture from a fall. Participants learned that they had a low, moderate or high risk of fracture and were given written guidelines on how to improve bone health. They also had an opportunity to meet with clinicians, including Angela Godek, BSN, RN-BC, a nurse navigator at Christiana Care’s Strong Bones Program, a resource for physicians and their patients.
“There is a lot to talk about, as people who score moderate or above on the fracture risk calculator are encouraged to have a bone density scan,” Godek said.

For those at risk, she pointed out that the Strong Bones Program can connect participants with local health care providers who are experts in bone health, including endocrinologists, orthopaedic surgeons, rheumatologists, sports medicine physicians and women’s health providers. The Strong Bones Program also helps patients to schedule bone density scans and provides education about ways to maintain and improve bone health.

In general, women 65 or older and men 70 or older should be screened for osteoporosis with a dual X-ray absorptiometry (DXA) bone density scan, which is a quick, painless test that uses less radiation than a typical X-ray. The test provides a clinician with a numeric value — known as a T-score — that is vital in assessing bone health so that patients can be offered personalized treatments to prevent fractures, said Dr. Manzone.

Older patients benefit from knowing their T-score much as they benefit from knowing their blood pressure and cholesterol numbers, he said. T-scores are also recognized by insurance companies as a measure that shows the need for follow-up treatment to prevent broken bones.

“Unfortunately, broken bones cause pain and disability,” said Brian J. Galinat, M.D., MBA, chair of the Department of Orthopaedic Surgery and physician leader of the Musculoskeletal Service Line. “But we’re here to help people avoid all that and let them know that continuing to be a healthy person and staying out of the hospital starts with keeping abreast of healthy bones.”

Dr. Galinat was on hand for the free screenings to let volunteers and clinicians know that their attention to this issue is appreciated. But he also was taking the opportunity to learn about the issues that brought participants, such as Dorothy McKelvey of Wilmington, to the screenings.

At 76, McKelvey wants to live a long and active life, walking every day and enjoying all that she can. She does not want to worry about falls and said she had a recent bone density scan through Christiana Care.

In her consultation with Stephanie A. Fegley, MSN, FNP, BC, a family nurse practitioner in the Strong Bones Program, McKelvey asked about her T-score and learned that she is doing better than she imagined.

“I have some bone loss — what is called osteopenia — but it is not to the point where I need medication,” said McKelvey. She said she plans to do more weight-bearing exercise to improve her bone health.

That’s the good news — people can take positive steps to maintain strong bones, Dr. Galinat said.

“We are here to create osteo-awareness, not osteo-paranoia,” he said. “We want to keep people active so they can have fun and not have to visit the doctor.”

“Unfortunately, broken bones cause pain and disability. But we’re here to help people avoid all that and let them know that ... staying out of the hospital starts with keeping abreast of healthy bones.”

Brian J. Galinat, M.D., MBA

“Bone fragility tends to be a silent disease and one that is not well-recognized.”

Timothy Manzone, M.D.
Visiting Nurse Association physical therapists who provide home care for patients recovering from joint replacement surgery have a new tool to quickly access expert medical advice in an exchange that’s creating peace of mind, educating caregivers and saving needless trips to the emergency department.

Vocera, a HIPAA-compliant communications platform that’s widely used at Christiana Care, enables clinicians to snap a photo of a questionable wound and text it to a surgeon, who can respond in real-time while the provider is still with the patient.

“In a few seconds, I can take a look and see the wound is healing properly,” said Brian Galinat, M.D., MBA, chair of the Department of Orthopaedic Surgery and medical director for the Musculoskeletal Service Line. “Non-surgeons helping care for the patient, such as physical therapists and visiting nurses, may be less sure. This new way of communicating is decreasing unnecessary hospitalizations, and it’s an educational professional-to-professional exchange. The peace of mind is worth a million.”
Trial use of the Vocera platform in the Musculoskeletal Service Line began in November 2016. For now, Dr. Galinat is the sole surgeon recipient of the messages, which he said number about one a week. The effort’s initial focus is on patients who have received knee or hip replacements, he said.

“It is an initiative designed to try to provide more knowledge to the care team,” he said. It also has the potential to reduce the overall cost of care, because the instant consultation can prevent unnecessary visits to the doctor or emergency department.

Physical therapists already used Vocera to collaborate with colleagues and schedulers. The platform was introduced by Christiana Care’s Communications Improvement Project in early 2015.

The idea of exchanging text messages and photos isn’t new, but because of the importance of protecting patient privacy, normal text messaging of this sensitive health information isn’t an option. The workflow using Vocera’s secure platform is designed to protect the privacy of patients’ medical information. After two days, the messages are automatically deleted.

Health care providers aren’t permitted to use patients’ names or addresses using standard messaging software, said Rosalind Kelahan, PT, a physical therapist with the Christiana Care Visiting Nurse Association who has worked in home care for 40 years. Vocera is key to the ability to work as a team, she said.

Kelahan has reached out to Dr. Galinat twice — once for a knee replacement and another time for a healing hip. In both cases, Dr. Galinat advised that the patients did not need to come in to see a doctor.

“By the next day, it was fine,” she said. “I was glad it was nothing to worry about — and that I didn’t have to make the decision alone. The communication with Dr. Galinat is invaluable. It makes you more confident in the field, where you’re by yourself, because you know you have backup. The patient is also relieved that we can actually show a doctor, get an immediate answer and they don’t have to go anywhere.”

Barbara Cymbala, PT, a physical therapist with the Christiana Care VNA for 15 years, said the service is a hit with her patients.

“They love it,” Cymbala said. “I say, ‘Listen, I’m going to take a picture and send it over right now.’ The response is typically in a matter of minutes, when I’m still at the patient’s house. I absolutely love it. I think it has made my job so much easier.”

“This new way of communicating is decreasing unnecessary hospitalizations, and it’s an educational professional-to-professional exchange. The peace of mind is worth a million.”

Brian Galinat, M.D., MBA
Christiana Care's commitment to providing the highest standards of care and rapid access to life-saving treatments has earned a suite of awards from the American Heart Association/American Stroke Association, recognizing the health system's success in delivering exceptional care for heart disease and stroke.

For its performance throughout 2016, Christiana Care earned top honors across the board: Gold Plus Achievement status in Get with the Guidelines, Heart Failure; the Mission: Lifeline Gold STEMI Award; Gold Plus Achievement status in Get with the Guidelines, Stroke; and Elite Plus status on the Target: Stroke Honor Roll.

"These accolades reassure our team that we’re doing what we need to be doing, that we have our eye on the ball,” said Kirk Garrett, M.D., MSc., John H. Ammon Chief of Cardiology and associate medical director of the Center for Heart & Vascular Health.

“It’s one thing to do data analysis internally and feel good about our accomplishments,” Dr. Garrett said.

“IT’s quite another when an outside agency of the caliber of the American Heart Association takes an objective look at what we’re doing and says we deserve these awards.”

To earn Gold Plus Quality Achievement status, hospitals must demonstrate 85 percent or higher adherence to all Get With The Guidelines achievement indicators for two or more consecutive 12-month periods and achieve 75 percent or higher compliance with a certain number of Get With The Guidelines quality measures.

A strong multidisciplinary team effort is the key to enabling Christiana Care to ensure optimal treatment of heart failure and stroke patients at every point in their care, and to finding new ways to constantly improve, said Kert Anzilotti, M.D., MBA, chief medical officer, acute care. "This recognition is an affirmation that the care we’re giving to patients with acute stroke is on par with the best institutions in the country," he said. “It’s validation that our efforts are resulting in better outcomes and that we’re achieving the measurement that these awards represent.”

He highlighted the critical importance of achieving excellence for these patients at every step. | CONTINUED
“These are among the sickest patients we have in cardiology,” he said of those living with heart failure. “Complication rates are not trivial. Challenges and management are not trivial. Our team has done an amazing job of caring for these people, and it’s wonderful to see them recognized.”

The awards also demonstrate the outstanding caliber of work being done at Christiana Care, which in turn attracts high-caliber staff who continue to improve the programs, he said.

Sourin Banerji, M.D., interim medical director of the Heart Failure Program, credits the nurse navigators with identifying heart failure patients, providing them education during their hospitalization, tracking them to ensure they have a timely follow-up appointment and facilitating their continued care as their life and medical situations change.

“These awards really distinguish us out of the entire Delaware region as providing a multifaceted, excellent standard of care to our community and continually working to improve our quality of care,” Dr. Banerji said.

Christiana Care’s excellence in stroke care is perhaps best demonstrated by the speed with which patients are diagnosed and receive appropriate treatment — often with dramatic results.

“Time is brain,” said Jonathan Raser-Schramm, M.D., Ph.D., medical director of Christiana Care’s Comprehensive Stroke Program. When a stroke patient arrives at the hospital, his brain is dying, he said. For every 15-minute delay in restoring blood to the brain, a patient’s chance of being able to walk out of the hospital and return directly to home is reduced by 4 percent.

The Elite Plus status on the Target: Stroke Honor Roll recognizes Christiana Care’s success in achieving a “door-to-needle time” — the average amount of time that elapses from when a patient arrives at the hospital to when they receive the clot-busting drug tPA — of only 35 minutes. That’s 10 minutes faster than the national target of 45 minutes.

Over the past five years, staff has focused on removing any conceivable delay, said Mary Ciechanowski, MSN, APRN, ACNS-BC, CCRN, program coordinator for the Comprehensive Stroke Center. Sometimes, a patient receives the intravenous therapy within as little as 9 minutes.

Because Christiana Care is a comprehensive stroke center, the staff is trained and equipped to treat the most complex strokes, including those requiring surgery. Christiana Care’s neurointerventional surgery team uses advanced, minimally invasive techniques to remove blockages inside blood vessels in the brain.

Within our region of Southeastern Pennsylvania, Eastern Maryland, Southern New Jersey and Delaware, Christiana Care is the only center to achieve Comprehensive Stroke Center designation outside of centers in urban Philadelphia or Baltimore. Other stroke centers in the region are designated as primary, she said, and refer the most complex cases to Christiana Care.

Christiana Care’s stroke team is presented with top honors by the American Stroke Association: Maria Albert, MSN, RN, CPHQ; Thinesh Sivapatham, M.D.; Jason Nomura, M.D.; Jonathan Raser-Schramm, M.D.; Jonathan Kirch (American Heart Association); Crystal Glodek (American Heart Association); Douglas Huisenga, MPT, ATC; Mary Ciechanowski, MSN, APRN, ACNS-BC, CCRN; and Reina McAndrew MS, FNP.
In the Value Institute symposium, keynote speaker Brent James, M.D., MStat, emphasized the importance of quality improvement as a core business strategy. "You understand that quality improvement is a process, not an event," said Dr. James, who highlighted the federal government’s unfunded health care obligations will mean more value-based payments.

To build on the application of evidence-based care, the Value Institute centered its 2017 Spring Symposium, June 12, on the keynote address by Brent James, M.D., MStat: "We Count Our Successes in Lives: Quality as a Core Business Strategy." Dr. James is the chief quality officer and executive director of the Institute for Health Care Delivery Research at Intermountain Healthcare.

Dr. James is often called the nation’s foremost expert in the application of quality-improvement ideas in health care because of the transformation that he’s helped to implement at Intermountain through the creation of almost 60 clinical data registries that have brought about improved care. Typically, said Dr. James, a successful data registry:

- Identifies a high-priority clinical process.
- Builds evidence-based best-practice protocols.
- Blends new protocols into the clinical workflow.
- Embeds data systems to track patient outcomes.

At Christiana Care, you understand that quality improvement is a process, not an event.”

Brent James, M.D., MStat
These include protocol variations, as well as short-term and long-term outcomes, while insisting clinicians vary treatments based on patient needs.

“Over time we’ve seen that better clinical results produce lower costs and drive waste from the system,” he said. He estimates that by focusing on quality, Intermountain has realized a cumulative savings of $688 million, much of it due to cutting unnecessary costs. And he says that the movement to collect and analyze treatment data is not only an advance in the standardization of excellence, but one of the most dramatic medical transformations of the last 100 years. Under this model, “the best way to improve your financial performance is to improve the quality of care,” he said.

“Dr. James, I am most inspired by your talk and intensely inspired by the people here at Christiana Care, who show a curiosity and an openness to learning every day,” said Ken Silverstein, M.D., MBA, chief clinical officer.

In remarks titled “Measuring Outcomes that Matter to Patients,” Eric V. Jackson Jr., M.D., MBA, associate director, Value Institute, and director of Health Care Delivery Science, highlighted new Value Institute quality improvement projects, including:

- Exploring a relationship with the International Consortium for Health Outcomes Management, which is measuring patient outcomes from around the world with a goal of categorizing all diseases and developing standard sets of treatments along with outcomes that matter most for patients. Most importantly, this approach will leverage patient-reported outcome measures that will direct collection of information from patients regarding symptoms, functional status and mental health. The data sets include clinical interventions for diseases common in Delaware such as heart disease, diabetes and stroke. Harnessing the analytic power of the Value Institute on this global data set, researchers are promoting methods that will advance evidence-based decision making at the administrative level.

- Launching the Christiana Care Early Warning System (CEWS) this summer as a critical tool to facilitate awareness of patient health. In the electronic record, CEWS involves a nursing assessment paired with a patient’s physiological parameters to generate a risk score — low, medium, high and critical. By evaluating the score and how it has changed over an eight-hour period, clinicians can identify deteriorating patients so they can receive timely care before an adverse event occurs. The system uses advanced analytics as well as clinical expertise to provide evidence-based recommendations for interventions.

“This is the kind of work we want to champion,” said Dr. Jackson, adding that the creation of CEWS is the result of a Value Institute partnership with Nursing, Information Technology and Acute Medicine.

A panel discussion moderated by Dr. Jackson looked at how evidence-based medicine is being advanced at Christiana Care. On the panel were Dr. James and Sharon Anderson, MS, BSN, RN, FACHE, senior vice president of Quality and Patient Safety and chief population health officer; Ed Ewen, M.D., FACP, director of clinical data and analytics in the Center for Strategic Information Management; and Ken Silverstein, M.D., MBA, chief clinical officer.
Anderson said that Carelink CareNow, launched about five years ago, is a truly data-driven project that involves predictive analytic software and a clinician-led care patient management service combining a team of health professionals. Carelink CareNow identifies patients at highest risk of an adverse event so a clinical team can consult in real-time and manage issues before they become more serious medical problems. More than 100,000 people are in the Carelink CareNow system.

Dr. Ewen discussed the Center for Strategic Information Management, which started a year ago to develop strategies for managing data as a key strategic asset. The Center for Strategic Information Management is focused initially on gathering data on sepsis, heart failure and Clostridium difficile infection, given the potential for evidence-based interventions to have a high clinical impact in these areas and hold down costs.

In addition to the panel, Mia Papas, Ph.D., director of Clinical Research and Health Outcomes for the Value Institute, announced the first two recipients of the annual Seema Sonnad Distinguished Scholar Award. The honor is named for the late Seema Sonnad, Ph.D., director of Health Services Research, and was established with a generous gift from Sonnad’s family and friends to memorialize her dedication to mentorship and research.

One recipient is Neal D. Goldstein, Ph.D., MBI, an epidemiologist and a post-doctoral fellow in the Department of Pediatrics, and Vinay Maheshwari, M.D., MHCDS, FCCP, vice chair of the Department of Medicine. In addition to his clinical role as a critical care physician, he has served in various leadership roles, including medical director of Respiratory Care, director of Medical Critical Care, and clinical practice leader of the medical intensivists. Dr. Maheshwari’s decade of visionary leadership has led to the implementation of practices that have improved patient outcomes and care delivery.

The second recipient is Vinay Maheshwari, M.D., MHCDS, FCCP, vice chair of the Department of Medicine. In addition to his clinical role as a critical care physician, he has served in various leadership roles, including medical director of Respiratory Care, director of Medical Critical Care, and clinical practice leader of the medical intensivists. Dr. Maheshwari’s decade of visionary leadership has led to the implementation of practices that have improved patient outcomes and care delivery.
New smart pumps improve safety and prevent medication errors

Christiana Care is taking another step forward in enhancing patient safety with “smart” infusion pumps, designed to eliminate manual entry and the potential for human error in administering the majority of IV medications and fluids.

These smart pumps offer immediate access to patient information by associating the patient, the device and medication orders. This information is then sent to the electronic medical record for viewing and interpretation.

“Most of the preventable errors that cause patient harm involve the administration of medications,” said Dean Bennett, RPh, CPHQ, LSSGB, medication safety officer. “This eliminates the manual programming of the pump, which is where errors occur. It is the perfect thing for a computer to do — and also will allow our nurses to focus more time on the things that human beings do best.”

Vinay Maheshwari, MHCDS, FCCP, vice chair, Department of Medicine and physician champion for the project, notes that smart pumps are programmed with a number of proactive, multi-directional awareness features.

The physician places the order, which is filled by the pharmacy. When the medication arrives, the nurse scans the patient, scans the device and scans the medication. Bar code scanning technology associates the patient, the medication and the device, confirming the right patient is receiving the right drug, the right dose, at the right time and via the right route of administration.

The smart pump automatically enters data into the electronic medical record so nurses will no longer have to perform that task. The technology also provides a graphic representation of the patient’s response to treatment, which enables more rapid clinical decision-making.

“The smart pump will directly connect medicines or fluids all the way from the pharmacy to the bedside,” Dr. Maheshwari said. “It very clearly identifies what medication went in, the concentration and how much was administered. When we are at the end of that bag it will alert not only the nurse but the pharmacist.”

Terri Corbo, Pharm.D., MHCDS, FASHP, vice president, Pharmacy Services, said the new technology enhances the flow between pharmacy and front-line providers.

“We all know that our work in Pharmacy impacts the patient, and this new initiative in safety is very exciting for our staff,” she said.

Because smart pumps are more efficient, patients ultimately will benefit from receiving more personal care at the bedside from their nurses, said Donna Casey, DNP, MA, RN, NE-BC, FABC, vice president, Patient Care Services, and co-chair, Ethics Committee.

“This is reflective of our value of excellence, of continuously looking for ways to innovate,” she said. “Smart pumps are a win-win, benefitting both our patients and our staff.”

Training of “super users” began July 17, said Maryanne Miller, project lead, Information Technology. When training is complete, smart pumps will be rolled out at both Christiana Hospital and Wilmington Hospital.

“It’s software that users are enthusiastic about using,” she said. “It enhances patient safety, plus saves a tremendous amount of work in documentation.”
Unleashing the power of data and predictive analytics in health care

Increasingly, Christiana Care clinicians are using predictive analytics to identify the potential for adverse health events before they occur in patients, thereby improving the quality of both outpatient and bedside care and, in many cases, eliminating the need for lengthy hospitalizations.

During the 2017 BioBreakfast, held July 11 at the John H. Ammon Medical Education Center, three Christiana Care leaders explained how state-of-the-art data technology is advancing evidence-based medical interventions.

Sharon Anderson, MS, BSN, RN, FACHE, chief population health officer and senior vice president of Quality and Patient Safety, spoke about “Predictive Analytics in Population Health Management.” In 2012 these analytics were a new and vital element in developing what has become Christiana Care’s Carelink CareNow, a health platform managing 104,000 patients in Delaware and the surrounding area.

Created with a three-year innovations grant from the U.S. Centers for Medicare and Medicaid Services, Carelink CareNow identifies patients at a high risk of an adverse event so a clinical team can consult in real-time and manage issues before they become more serious medical problems. The clinical team includes nurse care coordinators, social workers, pharmacists and support staff, who harness a sophisticated risk algorithm that integrates available sources of a person’s health data, such as emergency department visits, lab results and radiologic reports.

“A big part of our success was the introduction of a risk-prediction engine that not only learns over time, but is able to incorporate health data from patients and calculates a score that is communicated to our nurses so they can act in concert with our medical team to help those who are most at risk for an adverse event,” Anderson said.

As technology-enhanced monitoring expands its capability, such analytics will revolutionize medicine by changing the trajectory of care, she said.

Recently Carelink CareNow earned the John M. Eisenberg Patient Safety and Quality Award, the nation’s preeminent

“We are building a new enterprise data warehouse that offers a readily usable federation of data assets .... Over time this can vastly magnify our ability to positively affect the health of our patient population.”

Ed Ewen, M.D. FACP
honor for quality and safety in health care. The innovative Christiana Care program also earned a 2017 Stand Up for Patient Safety Management Award for impressive results in reducing readmissions. This award is given by the National Patient Safety Foundation in recognition of outstanding improvements in care.

Muge Capan, Ph.D., associate director of Health Systems Optimization at the Value Institute, reported on another advanced analytical tool: the Christiana Care Early Warning System (CEWS), which went live on five patient care units at Christiana Hospital and Wilmington Hospital on May 30. As with Carelink CareNow, the Early Warning System is based on the observation that patients typically exhibit physiological deterioration before an adverse health event occurs.

“If we can pick up those early signals it may allow our clinicians to make an early intervention,” said Capan, who added that similar systems are showing success around the country.

The Christiana Care Early Warning System pairs nurse screening assessments taken at the bedside with seven key measures of a patient’s physiological parameters to generate a risk score for a harmful event. The scores are weighted as low, medium, high and critical, with the changes over an eight-hour period informing a clinical team when a patient is stable or improving — or when an intervention is warranted.

She noted that 2.5 million Early Warning System data points were used to launch the system along with 600,000 nursing assessments of 52,000 patients. In the months ahead, Christiana Care hopes to evaluate if patients are indeed healthier and stabilized longer because of the new Early Warning System. In addition, Dr. Capan and colleagues will analyze how the system is learning from new data and how the predictive algorithm might be improved.

The final talk of the morning was given by Ed Ewen, M.D., FACP, the director of Clinical Data and Analytics in the Center for Strategic Information Management. Dr. Ewen gave an overview of Christiana Care’s “New Strategy for Enterprise Information Management” and its collaboration with a leading-edge data warehousing, analytics and outcomes-improvement partner.

He pointed out that health care is a rapidly changing environment with growing data complexity and increasing regulatory demands. At the same time, Christiana Care remains committed to the triple aim of reducing costs, while improving quality and the patient experience.

Given these challenges, Christiana Care is working to enhance its enterprise information management strategy with the goal of categorizing and freeing data so it can be used by all service lines directly without having to go through a layer of data scientists or IT experts. The focus will shift from gathering and preparing data to learning from it and acting on those lessons to improve the care we deliver.

“To support this aim, we are building a new enterprise data warehouse that offers a readily usable federation of data assets,” Dr. Ewen said. “We have pockets within our system with lots of access to data and pockets with far less access. The goal is to level the playing field and make use of this strategic asset across all our service lines. Over time this can vastly magnify our ability to positively affect the health of our patient population.”

The annual BioBreakfast is sponsored by Christiana Care and the Delaware BioScience Association, a nonprofit formed in 2006 to foster Delaware’s competitiveness in the biosciences and bring together organizations such as hospitals, pharmaceutical firms and research institutions. Close to 150 participants attended the event, which was moderated by Richard Dashefsky, Esq., senior counsel at Christiana Care and a board member of the Delaware BioScience Association.

Others from Christiana Care in attendance included Timothy Gardner, M.D., executive director of the Value Institute and medical director of the Center for Heart & Vascular Health.

“We believe in the mission of strengthening the biosciences in our region as we continue to build a system of health care that is effective, affordable and valuable to everyone who is touched by it,” Dr. Gardner said. ●
A successful health care system and a champion dogsled racer have a lot in common, relying on teamwork, quality and safety goals, and learning to be better and more efficient every year.

Dallas Seavey said focusing on those challenges helped him to become a four-time winner of the Iditarod, a grueling, 1,000-mile race across the Alaskan wilderness. The key was building a strong team.

“I grew up seeing the world the way dogs see the world,” he said. “Viewing the way your teammates see the world allows you to customize the way you lead them.”

Seavey, accompanied by his sled dog Hero, spoke at a grand rounds on July 26 at the John Ammon Medical Education Center. He was introduced by Gerard Fulda, M.D., chair of the Department of Surgery. Dr. Fulda noted that mushers and dog teams made an important contribution to medical history during a diphtheria epidemic in Alaska in 1925.

“They had run out of serum, and planes were unable to fly because of extreme cold,” Dr. Fulda said. “Mushers traveled over 1,000 miles in order to deliver serum to the city of Nome.”

The Iditarod commemorates that heroic event. Seavey, son of Iditarod champion Mitch Seavey, grew up with dogsledding. While his father picked his top dogs from his personal kennel of more than 120 dogs, Seavey started out with only 16, the minimum number required in racing. He called them his scrubs, the dogs sold off by their owners.

“The only thing they had in common was getting fired from their teams,” Seavey said. He found good qualities in all of them. Guinness, only 43 pounds, was pronounced too small for racing but had good bloodlines. Other mushers thought

“It’s not so much about racing; it’s about managing a team. If you build a healthy team, the rest will take care of itself.”

Dallas Seavey

Surgeons learn lessons in team-building from world champion dogsled musher
she might be a candidate for breeding, but Seavey thought she had the makings of a champion due to her surefootedness.

He looked for ways to build his team and squeeze waste out of the process. Instead of the standard training regimen of taking dogs for a run and then back to the kennel, Seavey and his pack stayed on the trail, just as they would in a competition.

“The dogs don't know if it's race day or just a training day,” he said. “It's just a day, and you have to give 100 percent every day.”

Soon, Seavey’s strategy was reflected in the dogs’ improved performance. “We started to see confidence in our team, leaning into the harness and pulling a little harder,” he said.

Rather than run his dogs for 60-70 miles, then rest for six hours, he broke their work into shorter segments, running for about 45 miles, and then resting for four hours. More frequent stops also gave him the opportunity to monitor his dogs more closely for illness and injury.

“We saw that the dogs that ran for longer distances slept first, then ate,” he said. “When our dogs ran for a shorter distance they ate first, then slept, which is more efficient.”

He videotaped himself packing and unpacking his sled, studying the tapes for wasted movements. If checkpoints were noisy or crowded, Seavey would camp further down the road where it was quiet and his dogs would not be distracted.

“We have to do it quickly and efficiently if we are going to be competitive,” he said. “If the dogs are not running, eating or sleeping, it's wasted time.”

On warmer days, Seavey would sleep on the straw next to his dogs, saving the time of unpacking and packing his sleeping bag. He put booties on his dogs starting with their hind legs, a process that shaved three crucial seconds off each bootie.

“Over the course of a race, that saves 64 minutes,” he said. “Three of the four races I won were by less than one hour.”

When Seavey won his first Iditarod in 2012, he was 25, the youngest musher to claim the prize. Guinness wore the garland of yellow roses, signifying the top lead dog. She also won the Golden Harness, the highest honor in dog sledding. She ultimately retired to breeding and is the mother of Hero.

Seavey said his winning strategies can be applied to a variety of sectors that value quality, safety and efficiency, including health care.

“It's not so much about racing, it's about managing a team,” he said. “If you build a healthy team, the rest will take care of itself.”
Christian Care Health System’s Transitional Medical Unit (TMU) has earned a Bronze Beacon Award from the American Association of Critical-Care Nurses for excellence in professional nursing practice, optimal patient outcomes and exceptional experiences for critically ill patients and their families.

The critical care nurses on the 32-bed stepdown unit care for many of the health system’s most complex, medically fragile patients. The unit is the fourth at Christiana Care to earn a Beacon Award, joining the Cardiovascular Critical Care Complex, Medical Intensive Care Unit, Surgical Critical Care Complex and Wilmington Intensive Care Unit.

The Beacon Award recognizes excellence in evidence-based processes and systems that serve patients and families. In addition, said TMU Nurse Manager Sonya Stover, MSN, RN, CCRN, NE-BC, the national honor celebrates the professional dedication the nursing team demonstrates going above and beyond to provide respectful, expert care.

“We help patients and their families deal with devastating diagnoses,” said Stover. “This type of nursing is emotionally difficult, and it is not for everyone. Our TMU nurses really love this work — and the value they bring to our patients and their families — and it shows naturally in the care they provide every day.”

AACN recognized the TMU for its leadership structure and systems, staff engagement, effectiveness in communication and knowledge-sharing, learning and development. Among the unit’s noted strengths were bedside shift reports and effective processes for patient transfer to and from the unit; safe medication practices; opportunities for professional growth; and joint accountability for continuity of patient care through value improvement teams, patient-centered rounds and integration with service lines, committees and councils.

“Beacon signals excellence and the highest levels of nursing professionalism by the extraordinary nurses on our critical care units,” said Ric Cuming, Ed.D., RN, NEA-BC, FAAN, Christiana Care’s chief nurse executive. “This important national recognition is another indication that we serve together at Christiana Care, guided by our values of excellence and love.”

Established in 2003, AACN’s Beacon Award measures systems, outcomes and environments against evidence-based national criteria for excellence in patient care.
EXTRAORDINARY PEOPLE

“Beacon signals excellence and the highest levels of nursing professionalism by the extraordinary nurses on our critical care units.”
Ric Cuming, Ed.D., RN, NEA-BC, FAAN

Christiana Care to participate in national provider well-being initiative

Christiana Care has been selected to participate in National Initiative VI: Stimulating a Culture of Well-Being in the Clinical Learning Environment, sponsored by the Alliance of Independent Academic Medical Centers (AIAMC), a Chicago-based membership organization of independent teaching hospitals.

“The AIAMC National Initiative is the only national and multi-institutional collaborative of its kind in which residents lead multidisciplinary teams in quality improvement projects aligned to their institution’s strategic goals,” said Heather Farley, M.D., FACEP, director of Provider Wellbeing. “Christiana Care was selected based on our proven commitment to better understanding and improving well-being in clinical learning environments.”

A leadership team from Christiana Care will collaborate with select hospitals from across the United States in developing and implementing a well-being plan that will positively impact both individual health and institutional culture. Participants from Christiana Care will attend four on-site learning sessions as well as monthly networking teleconferences and educational webinars during the 18-month period of the National Initiative.

“Studies clearly demonstrate that the net impact of mounting pressures of clinical care is escalating physician burnout and depression,” said Kimberly Pierce-Boggs, AIAMC executive director. “Layered on these challenges is the stigma many physicians in training and practice encounter related to acknowledging that they need help, and feeling supported and safe in asking for help. The time is right for forward-thinking academic medical centers to proactively address provider and institutional well-being while engaging trainees directly in those well-being initiatives.”

safety and experience in categories consistent with Christiana Care’s other national honors including Magnet® recognition for nursing excellence and the Eisenberg Patient Safety and Quality Award.

The Transitional Medical Unit recently won a Christiana Care Zero Harm award for 12 consecutive months without a catheter-associated urinary tract infection and another for 24 consecutive months without a methicillin-resistance Staphylococcus aureus infection. The team was also selected to showcase the translation of evidence-based research into clinical practice through Value Improvement Teams at the AACN’s 2016 National Teaching Institute and Critical Care Exposition in New Orleans.

●
Christiana Care welcomes 2017’s new medical students

Christiana Care’s faculty and staff welcomed 19 students from The Sidney Kimmel Medical College at Thomas Jefferson University to their home for the next two years at a July 13 reception.

Many of the students were born and raised in the community, attended the University of Delaware, and are participating in the Delaware Institute of Medical Education and Research (DIMER), a program that helps Delaware students attend medical school and creates a pipeline to supply highly qualified doctors to Delaware. About a third of all DIMER students at Sidney Kimmel choose to return to Delaware to participate in the Delaware Branch Campus Program, which gives them a unique opportunity to join the Christiana Care community and complete their clinical training in their home state.

“This enhances the student’s opportunity and interest to take part in the many robust residency programs offered at Christiana Care,” said Lisa Maxwell, M.D., associate chief learning officer. “This is a very exciting time, as this year’s enrollment in the Delaware Branch Campus has positioned the program, now in its seventh year, to reach a total of 105 students and bring the long-time connection back home where 50 percent of the students are from.”

In addition to being a welcoming event for the medical students, this annual reception at the John H. Ammon Medical Education Center is an opportunity for graduating medical students to heap praise on the physicians and staff who taught and guided them over the past two years.

This year, Matthew Burday, D.O., of the Department of Medicine, once
Hematology-Oncology practice joins Christiana Care Health System

Regional Hematology Oncology PA became part of Christiana Care Health System on Sept. 1, 2017. The practice’s new name is Christiana Care Oncology Hematology. The physicians in the practice remain the same:

Jamil Khatri, M.D., managing physician.
Martha Hosford-Skapof, M.D.
Kathir Suppiah, M.D.
Pamela Simpson, M.D.
Ramya Varadarajan, M.D.
Jenia Jenab-Wolcott, M.D., Ph.D.
Jason Palopoli, M.D.

The three practice office locations remain the same in the Helen F. Graham Cancer Center & Research Institute, in Elkton, Maryland, and in West Grove, Pennsylvania.

Patients receiving care at the office in the Helen F. Graham Cancer Center & Research Institute receive support services such as nurse navigation, psychological and social services, genetic counseling and nutritional services.

Allen Friedland, M.D., FACP, FAAP, program director, Combined Internal Medicine-Pediatrics Residency Program, and Janice E. Nevin, M.D., MPH, were at the welcoming reception.
Christiana Care Information Technology appoints new leaders

Christiana Care’s IT Department announced three new vice presidents and one new director.

Karen Gifford is promoted to vice president, IT Infrastructure Services. In addition to her current responsibilities for leading our infrastructure teams and the Innovation Center, Gifford will execute our transition to a next generation technology services platform that will enable our current and future state application services goals.

Donna James is promoted to vice president, IT Strategy and Portfolio Management. In addition to her current responsibilities for IT portfolio management and governance, James will assume responsibility for IT strategy development, business relationship management, IT financial and vendor management, and the creation of IT’s centralized project management office.

Lynne McConé is promoted to vice president, IT Application Services. In addition to her current responsibilities for our clinical applications and interface/integration services, McConé will assume leadership responsibility for all administrative applications, enterprise information management (EIM), and our strategic alignment with Cerner.

Nichol Brentlinger is promoted to director, IT Effectiveness. Brentlinger will lead the construction of improved processes, outcome performance and renewal. She will also take responsibility for leading our IT service management planning, execution, and operation.

Terri H. Steinberg listed among 75 Most Powerful Women in Healthcare IT

Terri H. Steinberg, M.D., MBA, was named one of the 75 Most Powerful Women in Healthcare IT in 2017 by Health Data Management (HDM), in the Hospital CIOs and IT Executives category.

The monthly journal has recognized Dr. Steinberg’s extraordinary contributions to the field of health information technology multiple times. Last year, she was named one of the Top 50 health care information technology experts.

Dr. Steinberg is chief health information officer and vice president of population health informatics for Christiana Care Health System.

An early adopter of medical informatics, she has worked in the field for nearly 30 years. Her accomplishments include helping Christiana Care to earn a $10 million Center for Medicare and Medicaid Innovation grant for the “Bridging the Divides” program, which evolved into Carelink CareNow, Christiana Care’s Eisenberg-award-winning data-driven care management program that improves the individual experience of care and population health outcomes, and reduces the cost of care by getting people the right level of care at the right time and in the right place.

She led the design of a massive population health effort that has overhauled treatment strategies for more than 20 chronic disease states.

Dr. Steinberg’s initiatives also include a multi-pronged strategy for establishing informatics organization in ambulatory care and integrating input from service line leaders into clinical informatics organization.

As a clinician and software developer, she has lectured extensively on methods to ensure successful technology adoption by physicians and nurses, on the positive impact of technology on safe medication practice, and on the use of technology to drive population health management.

Dr. Steinberg serves on the board of directors of the Delaware Health Information Network (DHIN), which harnesses data to make care more effective, efficient and safer.
Christine Donohue-Henry named chief medical officer for community care

Christine Donohue-Henry, M.D., has been appointed chief medical officer for community care at Christiana Care Health System.

Dr. Donohue-Henry joins Christiana Care from Crozer Keystone Health System, where she most recently was chair of the Department of Family & Community Medicine and physician director of Primary Care. She completed her residency in family and community medicine at Christiana Care in 1998 and served as the chief medical officer for Westside Family Healthcare from 2000 to 2009.

In her new role, Dr. Donohue-Henry will drive value-based outcomes for Christiana Care-owned and affiliated community-based services, with an emphasis on population health management. Additionally, she will serve as the president and CEO of the eBrightHealth ACO, an accountable care organization to improve care coordination, clinical quality and value in Delaware and the region. She will work closely with the new chief nursing officer for community care to ensure a unified clinical strategy.

Lesa Prichard appointed clinical manager of Wound Care and Hyperbaric Medicine Center

Lesa Prichard, BSN, RN, was appointed clinical nurse manager of Christiana Care Wound Care and Hyperbaric Medicine Center.

Prichard, who recently completed hyperbaric medicine training and a wound care course, joined Christiana Care Visiting Nurse Association in 2001 and has served as nurse manager for the medical-surgical group. She has led several successful initiatives, including specialized management and redesign of the wound care program and redesign of the supply ordering and approval process for cost reduction.

In her new role as clinical manager she will have operational responsibility and accountability for the clinical practice of nursing and the delivery of high quality, cost effective wound care to patients in the outpatient Wound Care and Hyperbaric Medicine Center.

Prichard earned a BSN from Immaculata University and is currently working on obtaining her MSN from Wilmington University.

Publishing


Robert Witt, M.D.:

• “Warthin Tumor Within the Superficial Lobe of the Parotid Gland: A Suggested Criterion for Diagnosis.” European Archives of OtoRhinoLaryngology.


CONTINUED
Presentations

Robert Witt, M.D., at the 3rd World Congress on Thyroid Cancer.
July. Boston:
• “High Thyroid Surgical Volume Compared to Intermediate Thyroid Surgical Volume Reduces Vocal Fold Immobility.”
• “Thyroid FNA and Molecular Analysis.”

Robert Witt, M.D., at the International Facial Nerve Symposium, Los Angeles. August. Los Angeles:
• “Minimally Invasive Parotid Surgery.”
• “Recurrent Pleomorphic Adenoma.”
• “Tissue Engineering an Artificial Salivary Gland.”


Appointments

Deborah Hassler, MSN, RN, ACNP-BC, has been elected president of Sigma Theta Tau – Beta Xi Chapter of the National Nursing Honor Society.

The Professional Advancement Council congratulates the following new RN III nurses: Kelli Cloud, MSN, RN, MSBC, from CSSU; Linda Durbin, MSN, RN, CEN from Christiana ED; Kathleen Di Guglielmo, BSN, RN, PCCN from 3D; Tara Babka, BSN, RN, OCN from 6B; Kelly Saville, BSN, RN-BC from 4 N Medical; Justine Harrington, BSN, RN-BC from 4D; Brianna Buzzuro, MSN, RN, CEN, TCRN from Wilmington ED; Elise Atallian, BSN, RNC-NIC from NICU; Ashley Braxton, MSN, RN-BC from 4C; Gricel Santiago, MSN, RN, CEN from Wilmington ED; Hillary Antolick, BSN, RNC-NIC from NICU; Maxine Higgin, BSN, RN-BC from 4C; Kathleen White, BSN, RN, PCCN from 3D TMU; Victoria Varga, ADN, RN-BC from 4N Medical; Kelsey Brinkman, BSN, RN-BC from 5B; and Dara Hall, MSN, RNC, NIC from NICU.

Awards & Achievements

Laura Dechant, DNP, APRN, CCRN, CCNS, received the highest rated Doctor of Nursing Practice (DNP) program poster in the Student Poster Competition for the presentation “Development of an Influenza Vaccination Program by the Unit Based Clinical Nurse Specialist in the Outpatient Population Presenting for Cardiac Catheterization,” from the National Association of Clinical Nurse Specialists (NACNS)

Laura Dechant, DNP, APRN, CCRN, CCNS, received the outstanding poster presentation graduate nursing student award at Widener University’s Graduate Student Research Symposium, April 2017 for the presentation “Implementation of a Nurse Driven Influenza Vaccination Program in the Outpatient Presenting for Cardiac Catheterization.”

Laura Dechant, DNP, APRN, CCRN, CCNS, received the Dean’s Award for outstanding academic achievement and commitment to translation of evidence into practice from the Doctor of Nursing Practice (DNP) program from Widener University and was conferred the Doctor of Nursing Practice (DNP) degree, May 2017.

Erin Watson, M.D., FACEP, received the American Association of Women Emergency Physicians’ ED Director of the Year Award.
UPCOMING EVENTS

SEPTEMBER 2017

October 6
DEMENTIA CARE 2017: CARING FOR THE CAREGIVERS
8 a.m. – noon
Rehoboth Beach Country Club, Rehoboth Beach
Presented by the Swank Memory Care Center, this symposium is appropriate for Primary Care Physicians, Psychologists, Psychiatrists, Nurses, Social Workers, and other providers and will focus on the importance of treating the memory-impaired patient. Pre-registration is required by Sept. 29.
To register, go to: http://www.planetreg.com/christianacaredementiacare2017. There is no charge to attend. Please contact Cyndy Fanning at cfanning@christianacare.org with questions or additional information.

October 6
BARIATRIC SUMMIT 2017: COLLABORATIVE CARE - INTERDISCIPLINARY APPROACH TO THE BARIATRIC PATIENT
8 a.m. – 4 p.m.
John H. Ammon Medical Education Center
This conference will offer insights to effective management of obese patients, surgical complications, obesity in adolescence, psychology of eating and the mechanisms of diabetes control in the post-surgical patient. A lecture specifically devoted to the duodenal switch procedure will be held.

October 26
CANCER SYMPOSIUM Embracing Palliative Care: A Physician’s Role
6 – 8:30 p.m., John H. Ammon Medical Education Center
This year’s symposium and dinner program will help to advance the knowledge and practice of health care professionals who impact the quality of life for their patients and families who are experiencing life threatening illnesses. A panel discussion including local experts will follow. Register today: www.planetreg.com/cancersymposium2017.

October 21
EVERY WOMAN MATTERS
7:30 a.m. – 2:30 p.m.
John H. Ammon Medical Education Center
Save the date for this breast health and wellness conference for all women, including breast cancer survivors who would like to learn more about breast health, breast cancer, genetics, hormone receptors, diabetes and survivorship. The conference is free and includes continental breakfast and lunch.

October 27
DR. MARGARET I. HANDY ANNUAL MEMORIAL LECTURESHIP
7:30 a.m. – 3 p.m., John H. Ammon Medical Education Center
The Dr. Margaret I. Handy Memorial Lectureship is a dynamic series designed to provide insight into cutting edge topics in Neonatal/Perinatal Medicine. Registration deadline for this free event is Oct. 13.
Pre-registration is required. Register at http://www.planetReg.com/MargaretHandyLectureship2017. Contact Lisa Allen (Lisa.L.Allen@christianacare.org) with any questions.

October 19
LESLIE AND EDWARD GOLDENBERG, M.D. DISEASE PREVENTION AND HEALTH PROMOTION LECTURESHP MEDICAL GRAND ROUNDS
8 – 9 a.m.
John H. Ammon Medical Education Center
Keynote speaker: Kara Odom Walker, M.D., MPH, MSHS, Secretary, Delaware Department of Health and Social Services
Invitations will be emailed in the coming weeks.

October 3, 5, 10, 12, 24
LECTURE SERIES, “MOVING FREELY WITHOUT PAIN”
6 – 7 p.m. for all programs
John H. Ammon Medical Education Center
Program topics on listed dates, respectively include: Spine, Women’s Health: Keeping Bones Strong and Healthy, Foot & Ankle, Hand & Wrist, Hip and Knee.
Register now at https://events.christianacare.org/moving-freely.
There are three sodium-glucose cotransporter-2 (SGLT2) inhibitors currently FDA approved for the treatment of type 2 diabetes including canagliflozin (Invokana®), dapagliflozin (Farxiga®), and empagliflozin (Jardiance®). The American Diabetes Association and the American Association of Clinical Endocrinologists (AACE) /American College of Endocrinology (ACE) treatment algorithms recommend SGLT2 inhibitors as an option for patients with contraindications to metformin or as second line therapy. Advantages of these agents include a novel mechanism of action, low risk of hypoglycemia, and beneficial effects on blood pressure, weight, and for two of the agents, cardiovascular outcomes. This class of medication exerts its effect by inhibiting SGLT2 in the proximal tubule of the kidney causing reduced glucose reabsorption, increased urinary glucose excretion, and as a result, lower plasma glucose levels. Despite these benefits, post-marketing safety reports revealed a higher than expected incidence of keto-acidosis in patients treated with SGLT2 inhibitors. In 2015 the FDA issued a warning stating canagliflozin, dapagliflozin, and empagliflozin may lead to ketoacidosis.

Diabetic ketoacidosis (DKA) is an acute complication of diabetes that typically occurs due to an insulin deficiency resulting in reduced glucose utilization. This can cause lipolysis, increased glucagon levels, and increased hepatic beta-oxidation of fatty acids to ketone bodies. The mechanism behind SGLT2 inhibitor associated DKA is different. These agents reduce plasma glucose levels causing decreased insulin production from beta cells and alpha cell activation. This leads to increased glucagon levels and stimulation of hepatic ketogenesis. A key difference in SGLT2 inhibitor associated DKA is that patients may present without marked hyperglycemia. The American Diabetes Association defined DKA with glucose < 250 mg/dL as “euglycemic DKA.” Other organizations find this term inaccurate and refer to it instead as “DKA with lower than anticipated glucose levels.” Symptoms of SGLT2 inhibitor associated DKA are similar to traditional DKA and include abdominal pain, shortness of breath, fatigue, nausea, and vomiting. In patients that present with SGLT2 inhibitor associated DKA, it is recommended that the medication be discontinued and treat with traditional DKA protocols.

Risk factors for the development of SGLT2 inhibitor associated DKA include latent autoimmune diabetes of adulthood, major surgery, and reduced insulin regimen. Most cases of SGLT2 inhibitor associated DKA occurred in patients with metabolic stress including surgery, injury, acute illness, exercise, or severely reduced carbohydrate intake. The AACE/ACE developed recommendations to minimize the risk of DKA in patients taking SGLT2 inhibitors.

- Stop SGLT2 inhibitors at least 24 hours prior to elective surgery, planned invasive procedures, or severe stressful physical activity (ex. running a marathon)
- Avoid stopping insulin or excessively decreasing the dose
- Immediately stop the medication for emergency surgery or any extreme stress event
- Avoid excess alcohol and very low carbohydrate diets

Although Christiana Care Health System does not currently have any SGLT2 inhibitors on formulary, it is important to recognize the risk involved with this class of medication as patients may present with DKA while taking these agents. The major concern regarding SGLT2 inhibitor associated DKA is that patients may exhibit normal or moderately increased blood glucose levels which can lead to delays in recognition or diagnosis. Despite this information, a recent position statement from AACE/ACE concluded that DKA occurs infrequently and the risk-benefit ratio favored the continuation of SGLT2 inhibitors.

References
FORMULARY UPDATE | JULY 2017

FORMULARY ADDITIONS

<table>
<thead>
<tr>
<th>Medication – Generic/Brand Name</th>
<th>Strength/Size</th>
<th>Use/Indication</th>
<th>Comment</th>
</tr>
</thead>
</table>
| Dalbavancin Injection (Dalvance) | 500 mg vial   | Treatment of acute bacterial skin and skin structure infections | • Prescribing limited to infectious disease physicians  
                              |                |                | • Administration limited to Christiana Care Ambulatory Infusion Centers |
| Regular insulin pen (HumuLIN R U-500 KwikPen) | 500 units/mL | Treatment of diabetes mellitus | Replaces vial |
| Valacyclovir (Valtrex) | 500 mg & 1 gm tablets | Treatment and prophylaxis of herpes infections | Replaces famciclovir |

FORMULARY DELETIONS

<table>
<thead>
<tr>
<th>Medication</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Famciclovir</td>
<td>Replaced with valacyclovir</td>
</tr>
<tr>
<td>Regular insulin 500 units/mL vial</td>
<td>Replaced with regular insulin U-500 pen</td>
</tr>
</tbody>
</table>

NOT ADDED TO FORMULARY

<table>
<thead>
<tr>
<th>Medication</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oritavancin (Orbactiv)</td>
<td>Dalbavancin added to Christiana Care Formulary instead</td>
</tr>
</tbody>
</table>

Best practice review

PATIENT IDENTIFICATION

Q. HOW SHOULD I IDENTIFY MY PATIENT?
A. Use two unique identifiers to identify your patient, for example:
   • Full name
   • Date of birth
   • Medical record number or Financial number (FIN)
   • A valid driver’s license or picture identification
   • Address
   • Telephone number
   • Assigned account number

Use open-ended questions when asking the patient to state their name and other unique identifier.

Never use the patient’s room number or location as an identifier.

Q. WHAT IS THE PURPOSE OF USING TWO IDENTIFIERS?
A. The purpose of using two unique identifiers is to reliably identify the individual as the person for whom the service or treatment is intended; and to match the service or treatment to that individual. The two patient-specific identifiers must be directly associated with the individual and the same two identifiers must be directly associated with the procedure, treatment, medication, blood products, specimen, and other treatments/procedures.

Q. WHEN SHOULD I IDENTIFY MY PATIENT?
A. Patients should be identified prior to each encounter for care, treatment, or services.

Q. HOW SHOULD THE TWO UNIQUE IDENTIFIERS BE USED?
A. Compare / match the two unique identifiers to the applicable order, test request, treatment, or service and the identification bracelet for admitted patients. For outpatient services that do not use identification bracelets, use open ended questions when asking the patient to state their name and other unique identifier.

Q. DOES THE TWO UNIQUE IDENTIFIER REQUIREMENT APPLY TO WRITING ORDERS FOR TREATMENT AND COMPUTERIZED PROVIDER ORDER ENTRY (CPOE)?
A. Yes, two unique identifiers must be used when writing orders, this includes CPOE. A common error is the recording of orders in the wrong patient record; patients then receive an inappropriate treatment.


If you have questions about this Best Practice Review, please contact the Content Expert: Chris Carrico: 623-4968. Safety Hotline: dial 7233 (SAFE) from within CH or WH Hospitals; Outside – dial 623-7233 (SAFE). Website: Best Practice Reviews.
One-stop Family Health Care

CONCORD HEALTH CENTER
ROUTE 202

Christiana Care is a private, not-for-profit regional health care system that relies in part on the generosity of individuals, foundations and corporations to fulfill its mission. To learn more about our mission, please visit christianacare.org/donors.